



JAMES J. DONELON
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
Baton Rouge, Louisiana 70804-9214
Phone (225) 342-5900
Fax (225) 342-3078
<http://www.lidi.state.la.us>

**INSTRUCTIONS FOR
APPLICATION TO ACT AS A SURPLUS LINES INSURER
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone: (225) 219-4318
Fax: (225) 342-3078
E-Mail Address: mboutwell@ldi.state.la.us

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) Submit one original and two photocopies of the complete application package.
- 2) All submittals in association with this application must reach us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 3) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 4) Do not alter the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 5) All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.

- 6) All certified documents required in the application must be dated within ninety (90) days of submittal of the application and all certifications must be original.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 8) When designating a contact person for the application process, please remember that our staff will communicate only with that individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person.
- 9) We must be notified of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and financial statements and examination reports which become available after submission. Failure to notify us of such changes may result in disapproval of the application.
- 10) Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- 11) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this application conflict with the information filed with the domiciliary state. Conflicting information will result in the disapproval of the application.

SPECIAL INSTRUCTIONS REGARDING FEES

Any insurer applying to do business in Louisiana will be subject to the same fees which would be charged a Louisiana domestic insurer applying to do business in the state of domicile of that foreign insurer if such fees are in excess of those indicated above. The company will be notified of any additional fees which are required.

ALL CHECKS MUST BE MADE PAYABLE TO THE LOUISIANA DEPARTMENT OF INSURANCE.

The review process will not begin until ALL fees are paid. Louisiana law does not allow for the fees to be paid after the consideration of the application.

In association with this application, the Louisiana Department of Insurance will conduct a biographical examination of all officers, directors and owners of ten percent or more of the applicant company. This examination is conducted pursuant to LRS 22:983 D and LRS 22:1301A(3). The applicant may be billed for the expenses of this examination pursuant to LRS 22:1304. These expenses must be paid before issuance of a decision in the matter of this application. For more information regarding this examination, see page 2 of the Instruction Forms.

SPECIAL INSTRUCTIONS REGARDING INVESTIGATIVE REPORTS

In association with this application, the Louisiana Department of Insurance requires that all applicants make arrangement for investigative reports for all persons for whom biographical affidavits are supplied. This will include all officers, all directors, all individuals who own ten percent or more of the applicant and all other persons responsible for the conduct of affairs of the applicant.

The investigative report must be prepared by one of the investigators approved by this Department. A list of those investigators with the address, phone number and contact person is attached. The applicant should advise the investigator that the reports are being prepared for the Louisiana Department of Insurance and make the necessary arrangements for payment.

In order to complete the necessary reports, the investigative firms must be provided with copies of all biographical affidavits. **DO NOT SEND ORIGINAL AFFIDAVITS TO THE INVESTIGATIVE FIRMS.**

WAIVER OF INVESTIGATIVE REPORTS AND FINGERPRINT CARDS

In certain cases the investigative report may be waived for specific individuals. The requirements for this waiver are as follows;

- 1) An investigative report has been supplied to this Department for the individual within one year previous to the date of submittal of the complete application packet. OR
- 2) The individual in question has been the officer or director of an insurer licensed to do business in Louisiana for a period of not less than 10 years. This exception will not apply when the company has undergone a change of control at any time in that 10 year period.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: What are the minimum capital and surplus requirements for a surplus lines insurer doing business in Louisiana?

A: The minimum statutory capital and surplus requirements for a surplus lines insurer is \$15,000,000.00 (fifteen million dollars) . It should be pointed out that this is only the minimum requirement, and the Commissioner has the authority to require additional amounts depending on the types of business which the company proposes to transact.

Q: Where can I find the laws and regulations governing insurance in Louisiana?

A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code, and most laws enacted by the Louisiana Legislature which affect insurers and insurance can be found in that Title. Copies of the Louisiana Insurance Code can be obtained from private printing companies which specialize in statutory printing. In addition to the statutes, the Commissioner of Insurance has issued many regulations, rules and directives. Copies of these items may also be obtained from publishers specializing in printing legal and regulatory documents. One such company is given below:

**National Insurance Law Service
P.O. Box 2507
Chatsworth, CA 91313
1-800-423-5910**

Q: What is the time-frame for the review of an application?

A: This Department makes every effort to review all applications as soon after submittal as possible. The review process can be expected to take from ninety (90) to one hundred twenty (120) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.

Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?

A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application. You may, however, request that the forms be e-mailed to you in Microsoft Word ® format or download the forms in that format from our web page www.lds.state.la.us.

Q: Can the statutory deposits be made after an approval is given on the application?

A: No. All deposits must be in place at the time that the application is submitted. Failure to make these deposits prior to application review will result in the disapproval of the application.

Q: Is there a particular financial institution which the Department prefers for the statutory deposit?

A: No. Statutes require only that the deposit be placed in a savings and loan or banking institution doing business in Louisiana. Any institution which meets this requirement is acceptable to this Department.

COMMON QUESTIONS CONTINUED

Q: Section 3 of the application form requires certain biographical information on owners of 10% or more of the applicant. What if all owners are corporations? Do the officers and directors of those corporations supply the biographical information?

A: Initially, no. However, this Department reserves the right to request biographical information for all persons who would exercise control over the insurer up to and including the ultimate controlling party. The Department will determine if additional information is required upon review of the application and notify the applicant.

Q: Can we meet with the Department for a preliminary review of our application prior to submission?

A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only, and our Division will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this Office via U.S. Mail will be considered submitted for review and will not be eligible for a pre-review. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.

Q: What factors should go into considering who should be named as the contact person?

A: Among the things that should be considered when naming the contact person for the application process are:

Knowledge - The person acting as the contact should have a thorough knowledge of the application packet and company functions

Accessibility - You should consider whether or not the contact person is easily reachable. A person who is often absent from the office or who is otherwise difficult to reach is a poor choice due to the nature of the application process.

Location - All requests for additional information include a deadline to supply this information. Therefore, you should consider the location of the contact person and whether or not they can reasonably be expected to obtain needed documents or information within a time frame which is usually set at 30 days.

Q: The application package for Louisiana is longer and more extensive than those of other states. Why is that?

A: The goal of the Company Licensing Division is to review all applications and render a decision regarding those applications within a thirty (30) to ninety (90) day time frame. For that reason it is vital that we receive all items needed to render that decision upon initial submittal. Many states use a multiple level review in which certain documents are submitted for first stage and additional documents are then requested for each subsequent stage of the review process. This Department has found that we can more effectively and quickly review an application and render a decision if all needed information is submitted at one time.



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**APPLICATION TO ACT AS A SURPLUS LINES INSURER
IN THE STATE OF LOUISIANA**

General Information (Type or Print)

COMPANY NAME: _____

NAIC NO.: _____ **FEIN NO.:** _____

DATE OF ORGANIZATION: _____ **DATE COMMENCED BUSINESS:** _____

DOMICILE: _____

HOME OFFICE ADDRESS: _____

CONTACT NAME†: _____ **CONTACT TITLE:** _____

PHONE: _____ **FACSIMILE:** _____

CONTACT ADDRESS: _____

E-MAIL: _____

† This Office will only communicate with the named contact person.

FEES

Review Fees

\$ 1,050.00

Total Amount This Check

\$ 1,050.00

TYPE OF COMPANY (Check all that apply)		
<input type="checkbox"/> FOREIGN INSURER <input type="checkbox"/> ALIEN INSURER	<input type="checkbox"/> STOCK COMPANY <input type="checkbox"/> MUTUAL COMPANY <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PROPERTY & CASUALTY <input type="checkbox"/> LIFE <input type="checkbox"/> HEALTH AND ACCIDENT <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER _____

LINES OF BUSINESS TO BE WRITTEN (Please note that Lines should correspond to the Plan of Operation submitted herewith)	
<input type="checkbox"/> Life	<input type="checkbox"/> Glass
<input type="checkbox"/> Credit Life	<input type="checkbox"/> Fidelity and Surety
<input type="checkbox"/> Variable Life	<input type="checkbox"/> Credit Insurance
<input type="checkbox"/> Annuities	<input type="checkbox"/> Bail Bonds
<input type="checkbox"/> Variable Annuities	<input type="checkbox"/> Title
<input type="checkbox"/> Health and Accident	<input type="checkbox"/> Fire and Extended Coverage
<input type="checkbox"/> Dental Service (Dental Only)	<input type="checkbox"/> Steam Boiler and Sprinkler Leakage
<input type="checkbox"/> Medicare Supplement	<input type="checkbox"/> Crop and Livestock
<input type="checkbox"/> Vehicle (includes vehicle physical damage)	<input type="checkbox"/> Marine and Transportation (Inland Marine)
<input type="checkbox"/> Vehicle Physical Damage Only	<input type="checkbox"/> Ocean Marine
<input type="checkbox"/> Liability	<input type="checkbox"/> Flood
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Reinsurance
<input type="checkbox"/> Burglary and Forgery	<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Homeowners'	<input type="checkbox"/> Legal Expense Insurer

SECTION 2 - INTERROGATORIES

Except as otherwise indicated below, all of the following questions must be answered for every applicant. **ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS**

1) Is the applicant part of a holding company system? (If yes, attach a copy of the most recent Form "B" Holding Company statement and any amendments thereto.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant ever had an application denied by any insurance regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant ever been placed under any type of regulatory supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has the applicant ever had a Certificate of Authority or surplus lines approval revoked or suspended by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Has the applicant ever been subject to any regulatory action including cease and desist orders or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Has the applicant ever changed its name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Has the applicant ever redomesticated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Within the last five years, has the applicant transferred or encumbered a substantial portion (more than 20%) of its assets or liabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Within the last five years, has the applicant merged or consolidated with any other company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Within the last five years, has the applicant undergone a change in ownership of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in transfer or encumbrance of a substantial portion (more than 20%) of its assets or business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in a merger or consolidation with any other company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in a change of ownership of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Has the applicant undergone a change of management or control since the date of the latest annual statement filed in support of this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the next 24 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16) Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17) Has any person who is presently an officer, director or owner of 10% or more of the applicant company ever been convicted of or pleaded guilty or nolo contendere to a felony or misdemeanor other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 2 – INTERROGATORIES CONTINUED

18) Is the applicant currently engaged in any controversy with any state or federal regulatory agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19) Is the applicant a plaintiff or defendant or subject in any legal action other than one arising from policy claims?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20) Is the applicant a defendant in any lawsuit asking for a judgment that is equal to or greater than 10% of the policyholder surplus?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21) Has the applicant acted as an insurer in Louisiana without licensure or approval?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22) Does the applicant purchase investment securities through any investment banking or brokerage house or firm from whom any of the applicant's officers, directors, trustees, investment committee, owners of 10% or more or the family members thereof receive a commission or salary or any form of compensation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23) Is the applicant presently licensed as an insurance agent or broker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24) Within the last five years, has the applicant made a loan to an entity owned or controlled directly or indirectly by one or more of the applicant's officers, directors, trustees, investment committee or any owner of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25) Within the last five years, has the applicant sold or transferred any of its assets or property, real or personal, to any entity owned directly or indirectly by one or more of the applicant's officers, directors, trustees, investment committee members or owners of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26) Within the last five years, has the applicant purchased securities, assets or property of any kind from an entity owned or controlled directly or indirectly by one or more of the applicant's officers, directors, trustees, investment committee members or any owner of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27) If any of questions 23, 24 or 25 were answered yes, did any officer, director, trustee, investment committee member or owner of 10% or more of the applicant company receive any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28) Does the applicant have any reinsurance contracts which in effect provide that the applicant will reimburse or indemnify the reinsurer for losses payable thereunder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29) Does the applicant pay any representative given discretion as to the settlement or adjustment of claims, whether in direct negotiations with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30) Does the applicant utilize or plan to utilize the services of third party administrators or managing general agents in association with business in Louisiana?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31) Has the applicant filed with its domiciliary state any amendments or restatements of its most recent annual financial statement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 2 - INTERROGATORIES CONTINUED

32) Is the applicant or its parent corporation a publicly traded company? (If yes, attach a copy of the most recent 10K or equivalent filing.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33) Is the applicant affiliated with or concurrently operating as a bank, bank holding company, subsidiary or affiliate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34) Is the applicant affiliated with any insurers which are authorized or approved to do business in this state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
35) Is the applicant currently undergoing a financial or market conduct examination or is such an examination scheduled within six months of the submission of this application? (If yes provide an explanation of the type and scope of the exam and the name of the examiner in charge.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
36) Does the applicant have any outstanding unexercised stock options? (If yes, attach a full explanation of who holds these options and the number of shares subject thereto.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 3 - MANAGEMENT/BIOGRAPHICAL

- 1) BIOGRAPHICAL AFFIDAVITS must be furnished for all officers and all directors of the company and all individuals owning 10 percent or more of the stock if a stock company. Only the most recent NAIC biographical affidavit (adopted in 2002) will be accepted.**
- 2) FINGERPRINT CARDS for all officers and all directors of the company and all individuals owning 10 percent or more of the company. The FBI/NCIC standard cards should be used and may be obtained from most local law enforcement offices. See the application instructions for information regarding the waiver of this requirement.**
- 3) INVESTIGATIVE REPORTS for all persons for whom biographical affidavits were supplied. See the application instructions for more information regarding the procedure for obtaining these reports and for an explanation of the requirements for the waiver of this requirement.**
- 4) COPY OF MOST RECENT MARKET CONDUCT EXAMINATION REPORT, if available, certified by the domiciliary state. (FOREIGN COMPANIES ONLY)**

SECTION 3.1 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give a complete list of all persons responsible for the conduct of affairs of the applicant. This list should include all officers, directors, trustees, executive committee members and any person(s) owning, directly or indirectly, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant.

[illegible]

SECTION 4 - FINANCIAL

1) STATUTORY DEPOSIT as indicated below.

REQUIREMENTS FOR A FOREIGN APPLICANT - A safekeeping or trust receipt from a bank doing business within the state or from a savings and loan association chartered to do business in this state indicating that the applicant has deposited one hundred thousand dollars (\$100,000.00) in money or acceptable bonds with that institution and pledged said deposit to the Commissioner of Insurance. The banks have the necessary pledge forms. Do not contact this Office to request one.

OR a one hundred thousand dollar (\$100,000.00) surety bond issued by a surety company licensed to do business in the state of Louisiana. The appropriate bond form is attached.

An **ALIEN** surplus lines company may substitute a trust deposit in an amount not less than two million dollars (\$2,000,000.00) with a bank or trust company in the United States which is held for the protection of United States policyholders. A copy of the trust agreement certified by the United States Trustee must be filed with this application.

ANY surplus lines company which will insure TAXI CABS must deposit an additional three hundred fifty thousand dollars (\$350,000.00) in cash or approved securities with the Louisiana State Treasurer conditioned only for and dedicated to the payment of any claims arising from and accruing to any policy issued upon any property or other risk situated in this state.

2) MOST RECENT ANNUAL STATEMENT certified by the proper official of the domiciliary state **OR** bearing original signatures and notarization on the jurit page of the report. Included with this report should be the **MOST RECENT MANAGEMENT DISCUSSION AND ANALYSIS** and the **MOST RECENT ACTUARIAL OPINION**.

- An **ALIEN APPLICANT** must submit a copy of its financial statement filed with the NAIC.

3) QUARTERLY STATEMENTS for all quarters subsequent to the most recent annual statement. (**FOREIGN COMPANIES ONLY**)

4) A copy of the most recent AUDITED FINANCIAL STATEMENT of the applicant.

5) MOST RECENT FINANCIAL EXAMINATION REPORT certified by the proper official of the domiciliary state or, in the case of an alien insurer, the state of entry.

6) A CERTIFICATE OF DEPOSIT certified by the proper official of the domiciliary state showing that a deposit of not less than \$100,000.00 is held in that state as required by the laws of that state.

7) AFFIDAVIT OF IRIS STATUS form fully completed. The appropriate form is attached.

8) A copy of the LETTER FROM THE INTERNATIONAL INSURERS DIVISION OF THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS advising the company that they have been placed on the list of approved unauthorized insurers maintained by that office (**ALIEN APPLICANTS ONLY**)

SECTION 5 - LEGAL

1) PLAN OF OPERATION which addresses the following points in association with its proposed business in Louisiana:

- What type of business does the company intend to write?
- What markets does the company intend to target? What geographic areas?
- Who will produce business for the company?
- What is the anticipated number of agents the company plans to have selling its products?
- What is the total projected Louisiana business over the next five years? These figures should be given on an annual basis and be arranged by lines of business which will comprise 10% or more of the total premium volume.
- What are the total loss adjustments, expense and claim reserves, projected loss ratios and loss adjustment expense and amount of projected claim reserves for Louisiana business? These figures should be given on an annual basis and be arranged by lines of business which will comprise 10% or more of the total premium volume.
- Who will be underwriting the business produced in Louisiana? If the underwriter is other than the company, what is the relationship to the company?
- Briefly, what are the underwriting controls to accept or reject a potential policyholder?
- What procedures does the company have in place for reviewing, accepting or denying claims? What, if any, procedures are in place to allow the company to make prompt payment of claims?
- What procedures or processes does the company have for reviewing the business produced by individual agents or general agents? What action is taken in association with agents who consistently produce unprofitable business?
- What procedures does the company have in place for reviewing, accepting or denying proposed investments?
- Give a detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages of all affiliated companies up to and including the ultimate controlling person.

2) COPY OF THE ARTICLES OF INCORPORATION AND ALL AMENDMENTS THERETO of the company certified by the proper domiciliary official. The certification must be original and dated no more than ninety (90) days prior to the receipt of the application by this Department.

3) COPY OF THE COMPANY BY-LAWS certified as true and correct by the company secretary. The certification must be original and dated no more than ninety (90) days prior to the receipt of the application by this Department.

4) ORIGINAL CERTIFICATE OF COMPLIANCE issued and certified by the proper domiciliary state official no more than ninety (90) days of receipt of the application by this Department. (FOREIGN APPLICANTS ONLY)

5) COPY OF THE DOMICILIARY CERTIFICATE OF AUTHORITY certified by the proper domiciliary official. This Certificate must clearly indicate the lines of insurance which the applicant is authorized to write in its domicile.

6) AUTHORIZATION FOR THE RELEASE OF INFORMATION fully completed. The appropriate form is attached. (ALIEN COMPANIES ONLY)

7) COPIES OF ALL POLICY AND APPLICATION FORMS intended for use in Louisiana. Policy forms must be submitted for each line of coverage which the plan of operation supplied with this application indicates the company will be writing in this state.

SECTION 6 - GENERAL INFORMATION

1) If the applicant is an alien company, furnish the name, address, telephone number and e-mail address of the American legal counsel.

Phone # _____ E-mail: _____

2) If the applicant is an alien company, furnish the name, address, telephone number and e-mail address of the United States Trustee.

Phone # _____ E-mail: _____

3) Give the address , telephone number and e-mail address of the supervisory claims office responsible for Louisiana claims.

Phone # _____ E-mail: _____

SECTION 6 - GENERAL INFORMATION CONTINUED

- 4) Give the address, telephone number and e-mail address of the supervisory claims office responsible for worker's compensation claims within Louisiana. (COMPANIES APPLYING TO WRITE WORKERS COMPENSATION ONLY)

Phone # _____ E-mail: _____

- 5) Give the name, address, telephone number and e-mail address of the contact person and division to whom consumer complaints should be directed. If available, provide the toll-free number at which residents of Louisiana may reach the company and the world wide web address for the company.

Phone # _____ E-mail: _____

- 6) Give the name, address, telephone number and e-mail address of the contact person or division to whom questions regarding policy forms should be directed. (COMPANIES SEEKING TO BE ADMITTED ONLY)

Phone # _____ E-mail Address: _____

- 7) If available, give the toll free number to which the Department may refer consumers for inquiries.

- 8) If available, give the URL or World Wide Web address of the applicant.

The answers to questions 9 and 10 will be used for statistical and informational purposes. The response to this question will have no bearing on the Department's decision in the matter of this application.

☐ NO

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

10) Does the applicant have a program to prevent insurance fraud?

☐ YES

☐ NO

If yes, provide a detailed explanation of the plan which should include but not be limited to the following:

- a) A description of current programs aimed at preventing insurance fraud in which the company is directly involved. Identify whether these programs are specific to Louisiana or countrywide.
- b) An analysis of each program's success. Provide hard data, if available, which measure the success of each program.
- c) The company's future plans aimed at preventing insurance fraud in Louisiana.
- d) Last year's budget and the current year's budget underlying programs aimed at preventing insurance fraud. Include a count of human resources directly allocated to programs aimed at preventing fraud.

Give the name, address and phone number of a person within the company who can be contacted to provide additional information regarding the company's fraud program.

Phone #

NOTARIZATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____ and _____
_____ who, after being duly sworn, did depose and say they have personal knowledge of the
information submitted with this application and that all information contained in this application and all attachments thereto is, to the
best of his/her knowledge, true, complete and correct. Furthermore, all of the terms, agreements, and conditions involving this
applicant and its officers, directors and owners of 10% or more of the application, whether written or verbal, have been disclosed to
the Louisiana Commissioner of Insurance and any changes in existing agreements and any new agreements shall be disclosed to the
Commissioner in the form of a notarized statement within 48 hours of the change.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness' Signature

Company Secretary's Signature

Witness' Printed Name

Company Secretary's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 20____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

ANY FALSE OR MATERIAL MISSTATEMENTS MADE IN ASSOCIATION WITH THIS APPLICATION MAY BE A VIOLATION OF 42 USCA 1033 (a) (1).
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JAMES J. DONELON
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
Baton Rouge, Louisiana 70804-9214
Phone (225) 342-5900
Fax (225) 342-3078
<http://www.lidi.state.la.us>

AFFIDAVIT OF IRIS STATUS

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared _____,
President, and _____, **Treasurer**, of _____

who, after being by me duly sworn, did depose and say that the information contained on the attached copy of the summary sheet received from the National Association of Insurance Commissioners regarding IRIS test results for the year _____ is true and correct to the best of their knowledge and that the company has not been placed on the NAIC list of targeted companies.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness Signature

Company Treasurer's Signature

Witness Printed Name

Company Treasurer's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 20____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____